Form **8871**(July 2000)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasura)

ternal Revenue Service			
General Information	<u> </u>		Employer Identification number
Name of organization	^^		06 1529526
4	eat, and room or suite numb	er)	
Malling address (P.O. Box or number, str	er, and room of some name	,	
Box 3885			
City or town, state and ZIP code	CT 065.	25	
	<u> </u>		
3 E-mail address of organization			
, <u> </u>	4b Custodia	n's address	· <u> </u>
4a Name of custodian of records WESSTER BANK	W	ESTULLE BRANCE	<del>/</del>
MED SUENCE DAME	A 10	STUILE BRANCI WHAVEN, CT	06515
	\ \tag{\tau_{\tau}}	in the in	- C <b>Q</b>
	5b Contact	person's address	
Sa Name of contact person	JD OOMAN	SEE About	
SEE About			
<b>-</b> – <b>-</b>			
6 Business address of organization (if diffe	vent from mailing address st	own above). Number, street, and t	room or suite number
8 Business address of organization (if time	Refit from making address s.		
7/2 and 7/2 and 7/2			
City or town, state, and ZIP code			
D			· · · · · · · · · · · · · · · · · · ·
Part II Purpose			
7 Describe the purpose of the organization FORMED UNDER	CT STATE	LAW TO PROMOT	E THE ELECTION
TORNIED GIVEL			
E C. M. J. T. C.	T 5 T T	ANIM LOCAL	elective
OF CANDIDATES	10 >Y 14 Y G=	7770	
0F4-1CE			
		<u> </u>	
Part III List of All Related Entit	ies (see instructions)		
8a Name of related entity	8b Relationship	8c Address	
		···	
1001 <del>5</del>			
NONE		***	
<del>-   -  </del>			•
1			
1			
RECEIVE			
HECEIVE	<u>:D</u> 7	i	
	8		
N 0110 000	non Ö	1	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	non (🖔		
<u> </u>	ᆜᄄᆝ	1	
OGDEN,	UT \		
	<u> </u>		
1		1	
<b>V</b>		1	<u> </u>
			Form 8871 (7-2000
For Paperwork Reduction Act Notice, see	page 4.	Cat. No. 30405V	FORM OOF 1 (1-2000)

Part IV	•	9b Title	ompensated Employees (see instructions) 9c Address
J.E.	CRISEO	CHAIR	1205 RACE BROOK Rd.
			Word BRIDGE, CT 06525
Robe	AT GOODMAN	TREASURER	SHELL BEACH Rd.
			EAST HAVEN, CT 06512
PAT CRISCO	DEPUTY TREASURER	1205 RACE BROOK Rd.	
		TREASURER	WoodBRIDGE, CT 06525
		-	
	<del>.</del>		- 10
	- III.II		
			***************************************
			***************************************
		-	
	Under penalties of perjury, I dec	lare that the organization named	in Part I is to be treated as an organization described in section 527 of the Interna
	It is true, correct, and complete.		companying schedules and statements, and to the best of my knowledge and belief
Sign	Signaphire of authorized of	nee	$\frac{7/3}{\infty}$
Here	- Attaches or appropriated or	i i nyingil	r Date